## L22000 115939

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

8 Squared RE 217 Bal Cross LLC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 3/21/22 TIME
Notes:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LED

ARTICLE I - Name	•
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The name of the Limited Liability Company is:

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8 Squared RE 217 Bal Cross LLC	AGE IARY OF STATE
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	MALATIA SSEE, FL
ARTICLE II - Address:	

## The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

2900 NE 7the Ave Unit 1902	2900 NE 7the Ave Unit 1902
Miami FL 33137	Miami FL 33137
· · · · · · · · · · · · · · · · · · ·	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

Universal Registered	l Agents, Inc.	
	Name	
1317 California St		
Florida street addres	ss (P.O. Box NOT ac	cceptable)
Tallahassee	FL	32304
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appoinment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of regis ered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Anthorized Member "MGR" = Manager	Name and Address:	
AMBR	8 Squared RE LLC 2900 NE 7the Ave Unit 1902 Miami FL 33137	
<del></del>	2022 H	
	E PAR 21 NV	4 .E.2.) (L.P. ;
	——————————————————————————————————————	٩
If an effective date is listed, the date must be the date of filing.)	late of filing:  . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  ot meet the applicable statutory filing requirements, this date will not be listed a  ent of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Jene March	
This document is exe I am aware that any f	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
Susan Mostell	Typed or printed name of signee	

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-